Application or Docket Number .

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|--|---|------------------|---|------------------|---------------------|------------------------|----|----------------------------|------------------------|
| FOR | | NUMBE | NUMBER FILED | | NUMBER EXTRA | | FEE | | RATE | FEE |
| BASIC FEE | | | , | | | | 345.00 | OR | | 690.00 |
| то | TAL CLAIMS | 5 | minus 20= + | | | X\$ 9= | | OR | X\$18= | |
| IND | EPENDENT CL | AIMS 2 | minus 3 | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | Yrs. | | +130= | | OR | +260= | 2k-C |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | olumn 2 | TOTAL | | OR | TOTAL | 050 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL E | NTITY | OR | OTHER SMALL | |
| AMENDMENT A | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | = | X39= | | OR | X78= | |
| H | FIRST PRESE | NTATION OF MU | JETIPLE DEPI | ENDENT CLAIM | | +130= | | OR | +260= | |
| | | | | | | TOTAL ADDIT. FEE | 7-117 | | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | ADDIT. I ELI | | | ADDII. 1 EE | |
| MENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X\$ 9= | | OR | X\$18= | ! |
| AME | independent | | Minus | *** | = | X39= | | OR | X78= | |
| F | FIRST PRESE | NTATION OF M | JLTIPLE DEP | ENDENT CLAIM | | +130= | | OR | +260= | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TÓTAL ADDIT. FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| PM | Total | * | Minus | ** | = | X\$ 9= | - | OR | X\$18= | |
| ME | Independent | • | Minus | *** | = | X39= | | OR | X78= | |
| F | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 400 | | | .000 | |
| | If the entry in colu | umn 1 is less than t | he entry in colu | mn 2. write "0" in c | olumn 3. | +130= | | OR | +260= TOTAL | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | | |